

## Application for Hospital Liquor Permit

FOR THE PERIOD MAY 1, 2002 TO APRIL 30, 2005 (Authorized by MAC 436.1251)

	<b>GENERAL INSTRUCTIONS</b> <ul style="list-style-type: none"><li>• This application must be completed by hospitals who purchase liquor for medicinal purposes.</li><li>• Check whether this application is for a new permit or renewal of an existing permit, and enter the information requested.</li><li>• Photocopy the completed application for your files. Return the original to the address at the top of this form.</li></ul>
TO BE COMPLETED BY APPLICANT	1. Check type of application: _____ Renewal    _____ New
2. Name of Hospital	6. Michigan Department of Public Health License No. _____
3. Street Address	7. Expiration of Hospital License
4. City, State, Zip Code	8. Number of Hospital Beds
5. Business Telephone No. (       )	9. Annual amount of alcoholic liquor requested (750 ML Bottles)

- This hospital requests that the MLCC grant a PERMIT to purchase alcoholic liquor over 21% alcohol by volume.
- The alcoholic liquor purchased under this PERMIT is to be used for medicinal purposes only and dispensed on the prescription or order of a licensed physician.

**WARNING:** Making false or fraudulent statements to the Liquor Control Commission is a violation of the Liquor Control Code, and is punishable by fine, suspension, or revocation of the license or permit.

I declare that the information I have provided is true and that I understand the Warning.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_